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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

2003-0434.02

First Named Inventor

John G. Edelen

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Printhead Having Embedded Memory Device

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Pri r Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


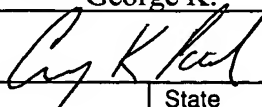
(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissi n r for Pat nts, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">21972</span>		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">John G.</div>		Family Name or Surname <div style="text-align: center;">Edelen</div>	
Inventor's Signature 		Date <div style="text-align: center;">11-10-03</div>	
Residence: City <div style="text-align: center;">Versailles</div>	State <div style="text-align: center;">KY</div>	Country	Citizenship <div style="text-align: center;">U.S.</div>
Mailing Address 732 Eureka Dr.			
City <div style="text-align: center;">Versailles</div>	State <div style="text-align: center;">KY</div>	ZIP <div style="text-align: center;">40383</div>	Country <div style="text-align: center;">U.S.A.</div>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">George K.</div>		Family Name or Surname <div style="text-align: center;">Parish</div>	
Inventor's Signature 		Date <div style="text-align: center;">11/10/03</div>	
Residence: City <div style="text-align: center;">Winchester</div>	State <div style="text-align: center;">KY</div>	Country	Citizenship <div style="text-align: center;">U.S.</div>
Mailing Address 11 Fontaine Blvd.			
City <div style="text-align: center;">Winchester</div>	State <div style="text-align: center;">KY</div>	ZIP <div style="text-align: center;">40391</div>	Country <div style="text-align: center;">U.S.A.</div>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kristi M.		Rowe	
Inventor's Signature <i>Kristi M. Rowe</i>		Date <i>11-10-03</i>	
Residence: City Richmond	State KY	Country	Citizenship U.S.
Mailing Address 2091 Powhatan Trail			
Mailing Address			
City Richmond	State KY	Zip 40475	Country U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Applicati n Numb r	
Filing Date	
First Named Invent r	John G. Edelen
Title	Printhead Having Embedded Memory Device
Art Unit	
Examiner Name	
Attorney Docket Number	2003-0434.02

I hereby appoint:

☒ Practitioners associated with the Customer Number:

21972

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with the above-mentioned Customer Number.

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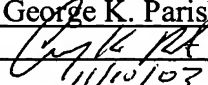
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## **SIGNATURE of Applicant or Assignee of Record**

Name	George K. Parish		
Signature			
Date	11/10/03	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissi n r for Patents, P.O. B x 1450, Alexandria, VA 22313-1450.

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First Named Inv ntor	John G. Edelen
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Examiner Name	
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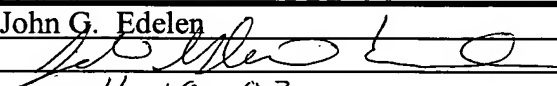
<input type="checkbox"/>	Firm or Individual Name				
	Address				
	Address				
	City	State	Zip		
	Country				
	Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## **SIGNATURE of Applicant or Assignee of Record**

Name	John G. Edelen			
Signature				
Date	11-16-03	Telephone	859-232-7181	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

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First Named Inventor	John G. Edelen
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Art Unit	
Examiner Name	
Attorney Docket Number	2003-0434.02

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OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Kristi M. Rowe		
Signature	<i>Kristi M. Rowe</i>		
Date	11-10-03	Telephone	859-232-7328

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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